



Cost-Effective Approaches to Improving Conditions for Maltreated Children and Accelerating Permanency Planning

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Presentation Outline

- **Why Care About Prevention Services: Basic Concepts**
- **Cost-Effective Family Support and Foster Care Reduction Programs**
- **Program Implementation and Challenges**



I. Why Should We Care?

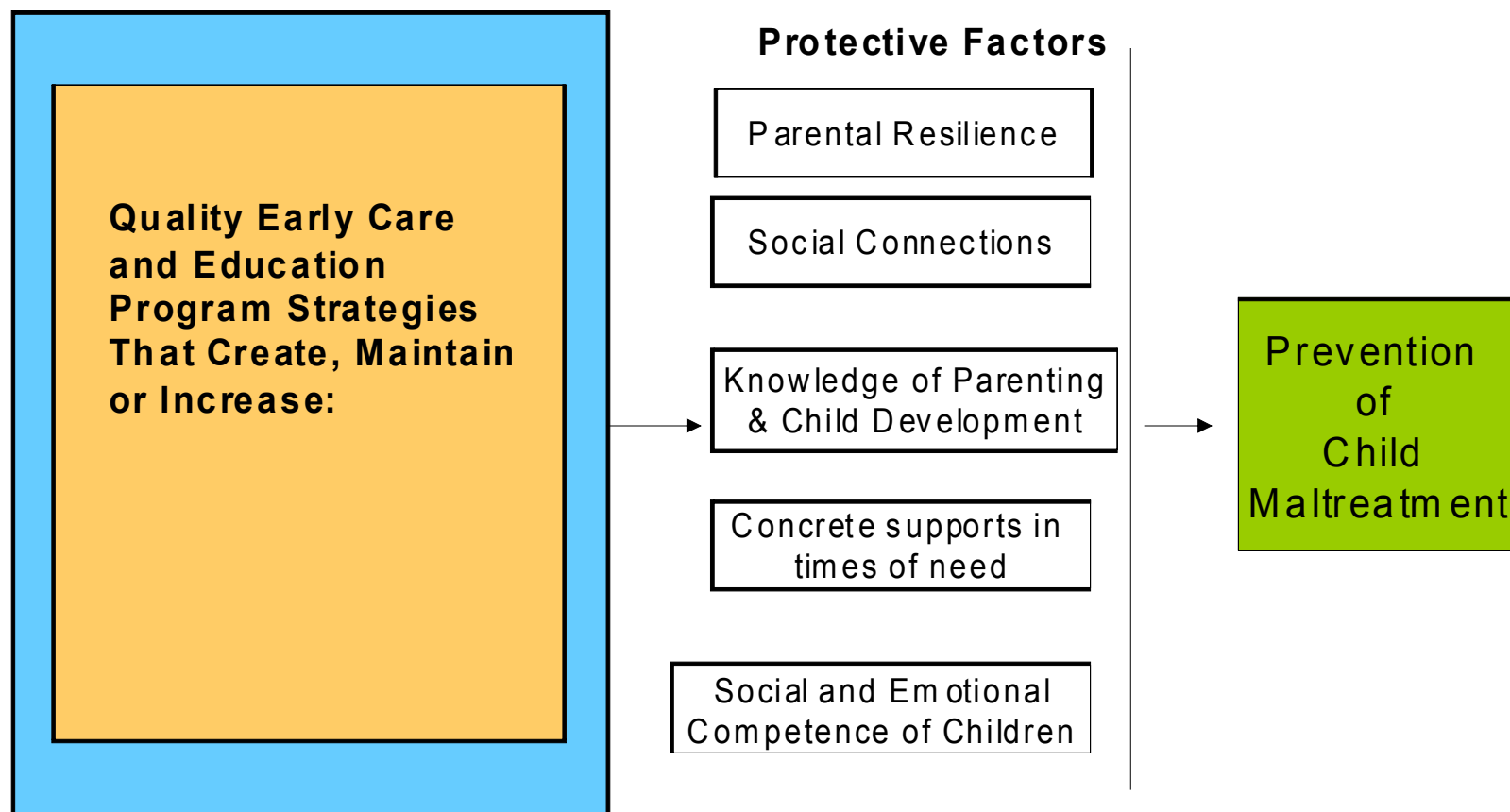
If we do not make a greater investment in the health and education of the youngest generation, we will not be able to compete with other countries or assume that future generations will be better off than previous ones.

Five Key Experiences Children Need to Succeed

- (2) Caring adults in their lives
- (3) Safe places to live
- (4) A healthy start
- (5) Effective education
- (6) Opportunities to help others

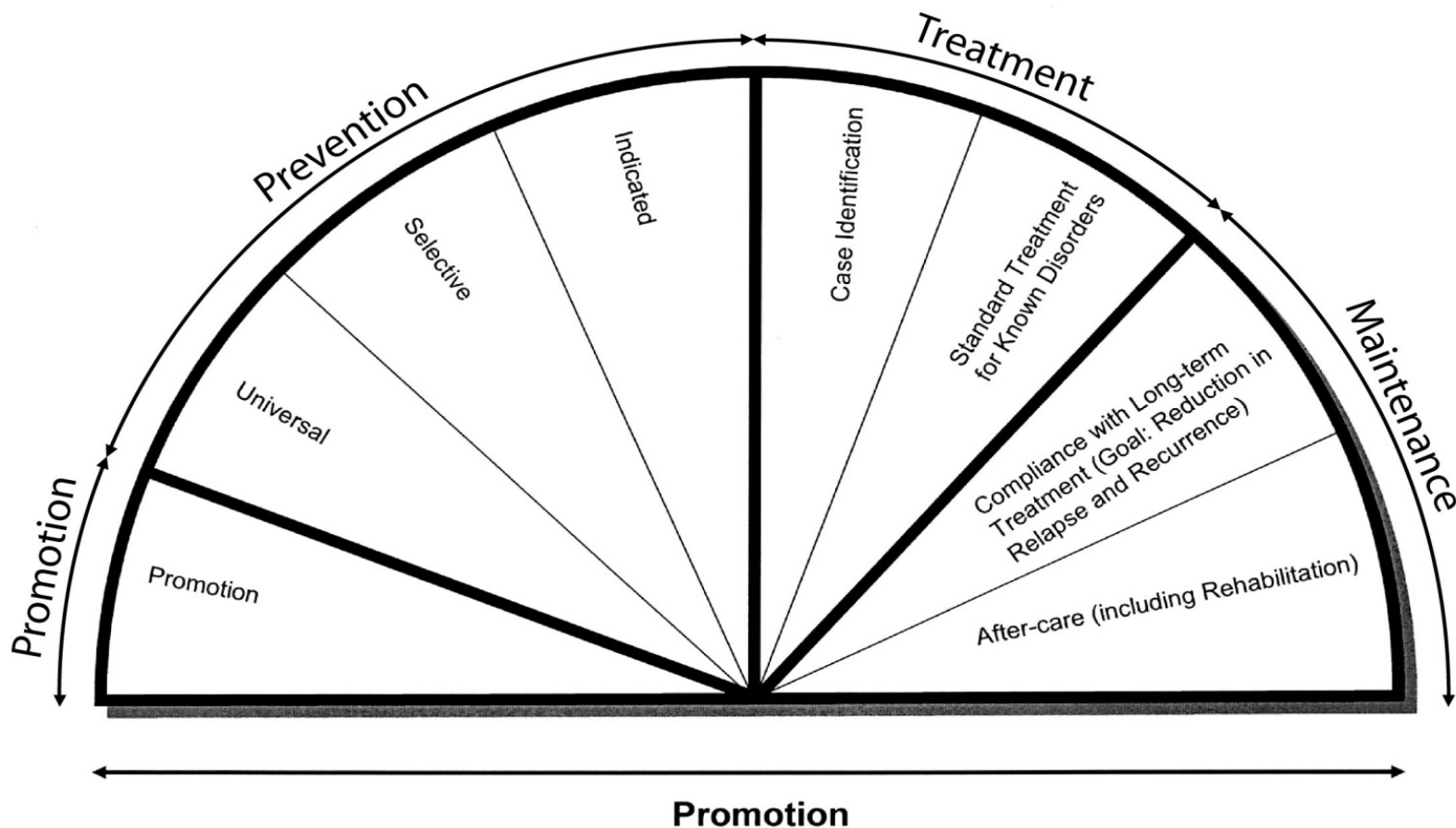
Source: America's Promise.

Figure 1. How Early Childhood Programs Contribute to Prevention of Child Abuse and Neglect



Source: Langford & Ahsan (2004). *Strengthening Families: Through early care and education*. Washington, DC: CSSP.

Continuum of Promotion and Prevention Strategies



Source: National Research Council and Institute of Medicine. (2009). Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities. Washington, DC: The National Academies Press. http://www.nap.edu/catalog.php?record_id=12480

Determining Scope

I. Prevention of what?

- **Child maltreatment of certain kinds? All kinds?**
- **Foster care placement by lowering the number of children placed each year?**
- **Re-entry into foster care (reunification or adoption failures)**
- **Long lengths of stay in foster care?**
- **Note that helping youth in foster care become healthy parents can prevent their children from being placed in out of home care.**
- **? Other?**

II. Where? In what specific communities? (Geo-mapping, time-mapping and case analysis can help.)

II. Cost-Effective Foster Care Reduction Programs

Foster care reduction programs are a sub-set of prevention—oriented family support programs



Foster Care Reduction Programs that Work W/ Benefit -Cost Data

Program	Total Benefit-to-Cost Ratio (dollars in benefits for every one dollar of program cost per participant)	Total Benefits Minus Costs (per participant)
PREVENTION PROGRAMS		
Chicago Child Parent Centers ^a	\$4.82	\$31,036
Nurse Family Partnership for Low-Income Families ^{a,b}	\$3.02	\$18,054
INTERVENTION PROGRAMS		
Intensive Family Preservation Service Programs (Homebuilders [®] model) ^{a,c}	\$2.54	\$4,775
Parent-Child Interaction Therapy (Oklahoma) ^a	\$5.93	\$4,962
TripleP--Positive Parenting Program ^d	\$4.09 (1 year of benefit)	Not applicable

^a Washington State Institute for Public Policy estimates as of May 2008.

^d Also see the Triple-P websites: www.triplep.net and http://www.paxis.org/triplep/PPP_flash.aspx.

Prevention of Child Maltreatment

- The ***Nurse Family Partnership for Low-Income Families*** primarily reduces child maltreatment via increased parent skills and confidence.
- It also lowers parent stress and feelings of isolation.
- ***Video Clip:***
<http://www.youtube.com/watch?v=X1l-B0YzcSI>

Family-Based Services (FBS) Programs Share Some or All of These Characteristics

1. A primary worker or case manager establishes and maintains a supportive, nurturing relationship with the family
2. Caseloads of two to twelve families are maintained
3. One or more associates serve as team members or provide back-up for the primary worker
4. Workers (or their back-ups) are available 24 hours a day for crisis calls or emergencies
5. Home is the primary service setting for many programs.

FBS Characteristics (Cont)

1. Maximum utilization is made of natural helping resources, including the family, the extended family, the neighborhood, and the community
2. The parents remain in charge of and responsible for their family as the primary caregivers, nurturers, and educators
3. Society is willing to invest the necessary resources in the family to prevent a, out-of-home placement for the child
4. Services are time-limited, usually one to four months (Bryce & Lloyd, 1981)
5. A wide variety of helping options are used (e.g., 'concrete' or supportive services such as food and transportation, together with clinical services)

L.A. Prevention Initiative (PIDP)

Three Core Strategies That are Even Stronger When Braided Together

1. Building social networks using community organizing approaches
2. Increasing economic opportunities and job development and placement.
3. Increasing access to and utilization of beneficial services, activities, resources and supports

About 18% of children are placed in foster care because of emotional and behavioral problems

How can we prevent those placements?

- ❑ Child behavior management approaches for Explosive Behavior Disorders and other problems (e.g., Multi-Dimensional Treatment Foster Care, Parent Child Interaction Therapy)
- ❑ Early detection and treatment of emotional and behavioral disorders (CBT for depression & anxiety, Trauma-Focused CBT for PTSD)

Parent-Child Interaction Therapy

Parents are taught specific skills to establish a nurturing and secure relationship with their child.

And to increase their child's pro-social behavior and decreasing negative behavior.

Video Clips:

http://www.youtube.com/watch?v=hU_P9_shnro

<http://pcit.phhp.ufl.edu/Video.htm> (9 min. overview)

http://www.cgcoc.org/nbc_tv_video_clip.php

Trauma-Focused Cognitive Behavior Therapy (TF-CBT)

- Based on principles of cognitive behavior therapy and trauma treatment, Trauma-Focused Cognitive-Behavior Therapy—or TF-CBT—was developed by Drs. Judy Cohen, Esther Deblinger, and Anthony Mannarino.

TF-CBT is a short-term treatment that may work in as few as 12 treatment sessions

- TF-CBT consists of several core treatment components.
- The treatment components are provided in a flexible and developmentally appropriate manner to address the unique needs of each child and family.
- **Video Clip:** <http://tfcbt.musc.edu/>

TF-CBT Sessions Include

- **Providing education to children and their caregivers about the impact of trauma on children and common childhood reactions to trauma**
- **Helping children and parents identify and cope with a range of emotions**
- **Developing personalized stress management skills for children and parents**
- **Teaching children and parents how to recognize the connections between thoughts, feelings and behaviors**
- **Encouraging children to share their traumatic experiences either verbally, in the form of a written narrative, or in some other developmentally appropriate manner.**
- **Helping children and parents talk with each other about the traumatic experiences**
- **Modifying children's and parents' inaccurate or unhelpful trauma-related thoughts, and**
- **Helping parents develop skills for optimizing their children's emotional and behavioral adjustment**

Examples of Foster Care Reduction Programs that Work but Lack Cost-Benefit Data

- Casey Family Services Family Reunification Program
- *Family Connections* for families where child neglect is a major problem.
- Kinship Care
- *Multi-Dimensional Treatment Foster Care* (for improving child behavior so children are more likely to be reunified and less likely to move from placement to placement).
- *Parents as Teachers – Born to learn*
- Subsidized guardianship

Examples of Policy, Administrative and Practice Reform Strategies

Intake and Outreach Strategies:

- Placement of the most expert and energized staff at the intake and crisis units so those with the most skill in those areas help assess accurately and divert families from the system whenever possible.
- Child protective services referral and service patterns are closely scrutinized – these are time-mapped and geo-mapped to understand which children are most vulnerable to placement (e.g., who is referred, when and from where are they referred).
- Public assistance (TANF) and child welfare service units are more closely integrated.

Policy, Administrative and Practice Reform Strategies (Cont.)

Family Support, Family Reunification and Permanency Planning:

- Juvenile court judges hold more frequent hearings, hold hearings in local child welfare offices, and use other methods to reduce court review backlogs.
- Family court systems are reformed to better involve parents and extended families, including *mandatory* family-group conferencing/decision-making.
- Practice experts team with policy specialists and parent representatives to review the cases of children stuck in the system.

III. Program Implementation Challenges



Problems with Replicating Effectiveness of Original Program

- Many excellent programs fail when replicated in other real world settings because of a lack of program fidelity. That is, the program is not implemented with the consistency and high quality of the original efforts.

EBT Implementation

“ Every aspect of implementation is fraught with difficulty, from system transformation to changing service provider behavior and restructuring organizational contexts.”

(Fixen et al. 2005, p. 3)

***Note:* It takes about 17 years to turn 14% of original research into actual patient care. (NIH) But we are lessening that lag time in some areas in child welfare.**

Treatment Fidelity

Definition: The degree of achievement of application of intended treatment via adherence to:

- the techniques that constitute theoretically driven therapies
- specific, session-by-session content and process elements of manualized treatment protocols;
- individual session outlines based on assessment information from the child and family in treatment
(Koocher, Norcross, & Hill III, 1998).

How do We Know What Is Having a Positive Impact?

In order to link outcomes with a program, one must have confidence that workers are:

2. Following the prescribed service model closely

3. Delivering the service with the intended intervention type, length of treatment, and “dosage levels” to the proper (intended) consumers.

Program Implementation: Paying Attention to the Fundamentals

- 1. Systems Interventions**
- 2. Careful Practitioner Selection**
- 3. Pre-service Training**
- 4. Staff Evaluation (assessment & feedback)**
- 5. Consultation & Coaching**
- 6. Facilitative Administrative Supports**
- 7. Program Evaluation**

(Fixen et al. 2005, p. 34)

EBT Measurement Challenges

- How can we “scale up” rigorously tested Interventions in community settings with a wide range of complexities or barriers?
- Can we routinely measure and think about *iatrogenic* effects of our services? I.e. which types of people get worse?
- How can we improve agency administrative data to include more child well-being outcome indicators and maximize worker completion rates?
- What confidentiality myths and other barriers prevent more frequent use of cross-agency administrative databases to measure key program outcomes?

Measurement Challenges (Cont.)

- **What is the right amount of service usage and program fidelity data to collect?**
- **How do we balance breadth versus depth?** Small sample sizes hamper or prevent the use of multivariate approaches and analyses of key sub-groups (ethnicity, level of problem severity, service dosage).
- **What are the barriers to conducting follow-up to measure intermediate and more distal program outcomes?**
- **Are we involving enough youths in care, alumni and caregivers in study design and data interpretation?**

IV. References

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